

# Fee Transmittal for State of Michigan Local Corrections Officer Training Fund

Issued under authority of P.A. 124 of 2003.

County Name and Address		Report Period <input type="checkbox"/> Jan / Feb / Mar - <b>Due May 1</b> <input type="checkbox"/> Apr / May / Jun - <b>Due August 1</b> <input type="checkbox"/> Jul / Aug / Sep - <b>Due November 1</b> <input type="checkbox"/> Oct / Nov / Dec - <b>Due February 1</b>
Total Number of Bookings for the Report Period.....		
Total Booking Fees Collected for the Report Period.....		\$
Total Number of Refunds Issued for the Report Period.....		
Total Incarceration Fees Refunded for the Report Period.....		\$
Total Collection Amount Due the State of Michigan.....		\$
<b><i>I certify that the fees reported and remitted were collected and are transmitted in compliance with the specified statutes.</i></b>		
_____ Signature of Preparer		_____ Date
Print Name of Preparer	Title of Preparer	Phone Number of Preparer

Mail this original transmittal form and a check made payable to "State of Michigan" in the amount due to:

Michigan Department of Treasury - Receipts Processing  
Lansing, MI 48922

If you have any questions, please contact the Sheriffs Coordinating and Training Council at (517) 485-3135.